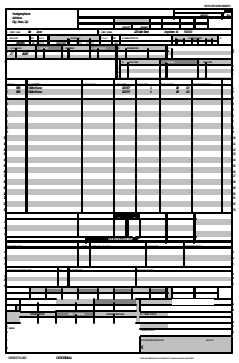
Seven Scenarios for HH PPS Claim Submission

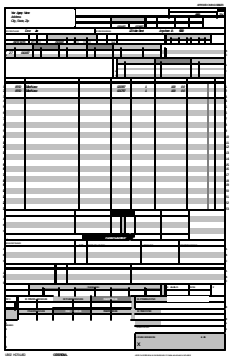
In today's world, billing frequency is not regulated, and in any sixty days, HHAs would submit claims (**UB-92**) **monthly for each beneficiary:**

Claim
End Month 1

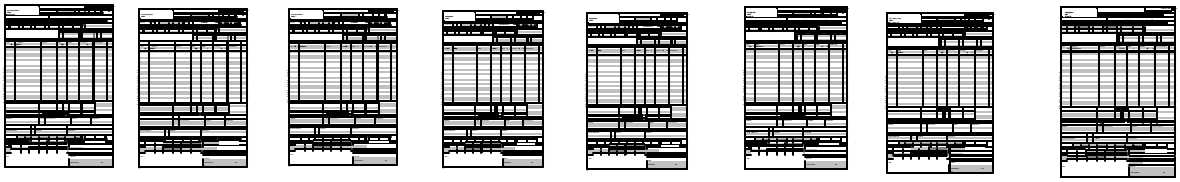


o

Claim
End Month 2



Weekly:



W1 **W2** **W3** **W4** **W5** **W6** **W7** **W8**

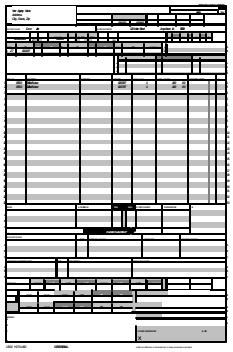
¾ ¾ ¾ ¾ ¾ ¾ ¾

or even more frequently. More frequent billing was usually driven by the need to assure cash flow. Payment was based on the services represented on each claim.

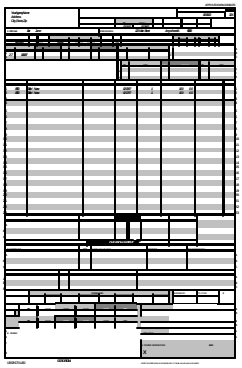
Under HH PPS, there will be several different billing scenarios, but, since the final rule allows one significant percentage payment for a 60-day episode to be made on a Request for Anticipated Payment (RAP), even though few services may have been delivered, cash flow concerns will not be the same. [NOTE: the remainder of the episode payment will be made with the claim for the episode, submitted at the end of the episode]. HH PPS billing patterns expected are:

1. <u>One 60-Day Episode, No Continuous Care (Patient Discharged)</u>:

RAP **Claim**



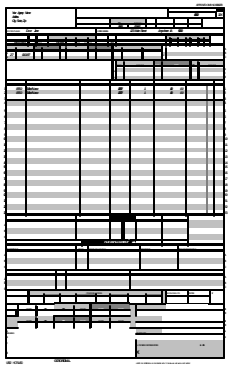
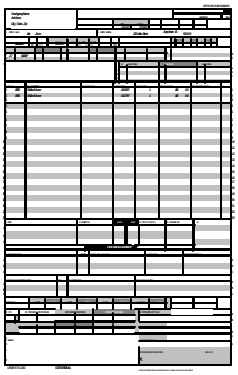
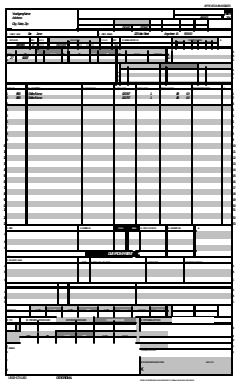
o



Contains one **HIPPS Code** and **Claim-OASIS Matching Key** output from **Grouper** software linked to **OASIS**	*Submitted after discharge or 60 days* with **Patient Status Code 01** Contains same **HIPPS Code** as RAP
Does not give any **line-item detail** for Medicare use as primary payer (*can carry charges on lines not used by Medicare*)	Gives **all line-item detail** for the entire **HH Episode**
From and **Through Dates** match, date of first service delivered	**From Date** same as RAP, **Through Date** Discharge or Day 60
Creates **HH Episode** in **HIQH Inquiry System**	Closes **HH Episode** in **HIQH Inquiry System**
Triggers initial percentage payment	Triggers final percentage payment for 60-day episode

2. Initial Episode in Period of Continuous Care:

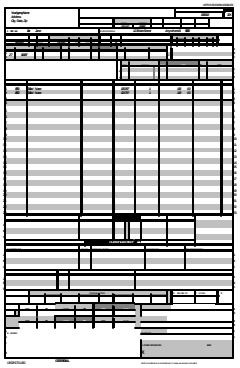
FIRST EPISODE:----------| NEXT EPISODE(s)--:

RAP	**Claim**	**RAP(s) &Claim(s)**
		
Contains one **HIPPS Code** and **Claim-OASIS Matching Key** output from **Grouper** software linked to **OASIS**	*Submitted after 60 days* with **Patient Status Code 30**	Unlike previous RAP in period, **Admission Date** will be the same as that on the first RAP of the period, and will stay the same on RAPs and claims throughout the period of continuous care
Does not give any other **line-item detail** for Medicare use	Contains same **HIPPS Code** as RAP, and gives **all line-item detail** for all the **HH Episode**	
From and **Through Dates** match first service delivered of Episode	**From Date** same as RAP, **Through Date** , Day 60	**From** and **Through Dates,** RAP claims, are first day of Episode, w/ or w/o service (i.e., Day 61, 121, etc.)
Creates **HH Episode** in **HIQH Inquiry System**	Closes **HH Episode** in **HIQH Inquiry System**	Creates or closes **HH Episode(s)**
Triggers initial percentage **payment**	Triggers final percentage **payment** for 60-day Episode	Triggers **payment(s)**

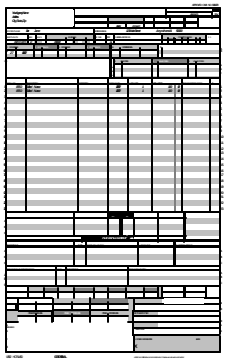
- **These two scenarios (1. and 2. above) are expected to encompass most episode billings**
- **For RAPs, Source of Admission Code "B" is used is used to receive transfers from other agencies, "C" if readmission to same agency after discharge**
- **There is no number limit on medically-necessary episodes in continuous care periods**

3. <u>A Single LUPA Episode</u>:

RAP **Claim**



o



Contains one **HIPPS Code** and **Claim-OASIS Matching Key** output from **Grouper** software linked to **OASIS**

Does not give any other **line-item detail** for Medicare use

From and **Through Dates** match, first service delivered

Creates **HH Episode** in **HIQH Inquiry System**

Triggers initial percentage **payment**

Submitted after discharge or 60 days with **Patient Status Code 01**

Contains same **HIPPS Code** as RAP, Gives **all line-item detail** for the entire **HH Episode** -- **<u>line item detail will not show more than 4 visit for the entire episode</u>**

From Date same as RAP, **Through Date** Discharge or Day 60

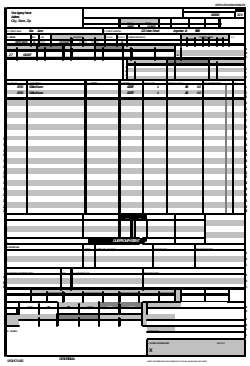
Closes **HH Episode** in **HIQH Inquiry System**

Triggers final percentage **payment** for 60-day episode

- **Though less likely, a LUPA can also occur in a period of continuous care (*scenario not illustrated*)**
- **While also less likely, a LUPA, though never pro-rated, can also be part of a shortened episode (*see PEP Episodes, below*) or an episode in which the patient condition changes (*see SCIC Episode, below*)-- *these less likely scenarios are not illustrated***

4. <u>"No-RAP" LUPA Episode</u>:

Claim

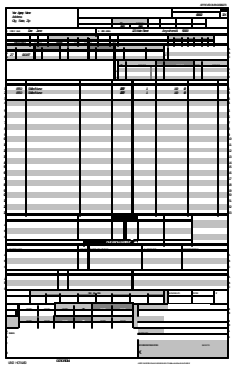
o 

When a home health agency (HHA) knows from the outset that an episode will be 4 visits or less, the agency may choose to bill only a claim for the episode. (Note claims characteristics are the same as the LUPA final claim on the previous page.)

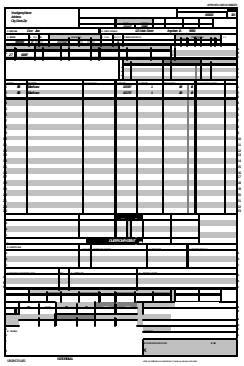
<u>PROs</u>:	**<u>CONs</u>:**
Will not get large episode percentage payment up-front for LUPA that will be reimbursed on a visit basis (overpayment concern, but new payment system will recoup such "overpayments" automatically against future payments)	**No episode record** is created in the Inquiry System, therefore beneficiary is not linked to the HHA providing services UNTIL a claim is received
Less paperwork	**No payment until claim is processed**

5. <u>Episode with a PEP Adjustment</u>-- Transfer to AnotherAgency <u>OR</u>
Discharge-Known Readmission to Same Agency:

RAP **Claim**



o



Contains one **HIPPS Code** and **Claim-OASIS Matching Key** output from **Grouper** software linked to **OASIS**

Submitted after discharge **w/Patient Status Code 06**

Does not contain other **line-item detail** for Medicare use

Contains same **HIPPS Code** as RAP, and gives **all line-item detail** for all the **HH Episode**

From and **Through Dates** match, first service delivered

From Date same as RAP, **Through Date** is discharge

Creates **HH Episode** in **HIQH Inquiry System**

Closes **HH Episode** in **HIQH Inquiry System** at date of discharge, not 60 days

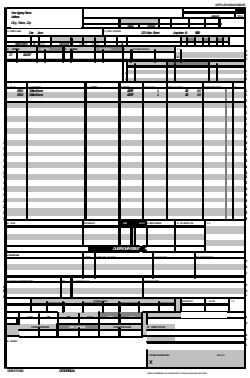
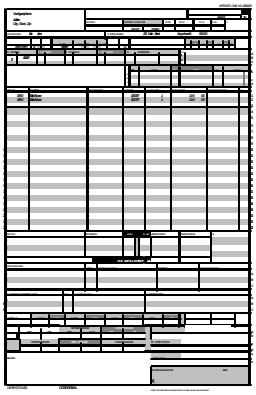
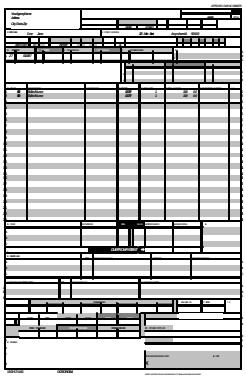
Triggers initial percentage **payment**

Triggers final percentage **payment**, and total payment for the episode will be cut back proportionately (x/60) to the number of days of the shortened episode

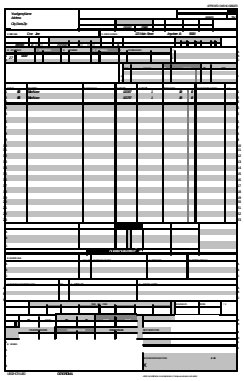
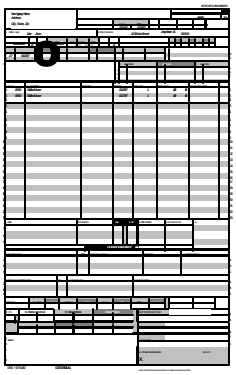
- **Known Readmission: agency has found after discharge the patient will be re-admitted in the same 60-day episode ("transfer to self"-- new episode) before final claim submitted**
- **The next episode presumably would be billed as either Scenario 1. or 2. above**
- **A PEP can also occur in a period of otherwise continuous care (*scenario not illustrated*)**
- **A PEP episode can contain a change in patient condition (*see SCIC Episode, below*)-- *this scenario is not illustrated***

6. <u>Episode with a PEP Adjustment</u>-- Discharge and "Unknown" Re-Admit, Continuous Care:

FIRST EPISODE----------| START OF NEXT EPISODE-:

RAP	**Claim**	**RAP**
		
Contains one **HIPPS Code** and **Claim-OASIS Matching** Key output from **Grouper** software linked to **OASIS**	*Submitted after discharge or 60 days* **w/Patient Status Code 01** --agency submitted claim before the patient was re-admitted in the same 60-day Episode	Unlike previous RAP in period, **Admission Date** will be the same as that on the the period, and will stay the same on RAPs and claims throughout the period of continuous care
Does not contain other line-item detail for Medicare use	Contains same **HIPPS Code** as RAP, and gives all line-item detail for all the **HH Episode**	Contains **Source of Admission Code "C"** to indicate patient re-admitted in same 60 days that would have been in previous Episode, but now new episode will begin and previous episode automatically shortened
Creates **HH Episode** in **HIQH Inquiry System**	Closes **HH Episode** in **HIQH Inquiry System** 60 days initially, and then revised to less than 60 days after next RAP received	
From and **Through Dates** match first service delivered	**From Date** same as RAP, **Through Date** Discharge or Day 60 of Episode	**From** and **Through Dates,** RAP first HH Episode day, w/ or w/o service (i.e., Day 61)
Triggers initial percentage **payment**	Triggers final percentage **payment**, may be total payment for the Episode at first, but will be cut back proportionately (x/60) to the number of days of the shortened episode when next billing received	Opens next **HH Episode** in **HIQH Inquiry System** Triggers initial **payment** for new HH Episode

7. Episode with a SCIC Adjustment

RAP		**Claim**
	o	
Contains one **HIPPS Code** and **Claim-OASIS Matching Key** output from **Grouper** software linked to **OASIS**		*Submitted after discharge* **with Patient Status Code** as appropriate (01, 30, etc.) Carries **Matching Key** and diagnoses consistent w/**last OASIS** assessment
Does not contain **other line-item** detail for Medicare use		Contains same **HIPPS Code** as RAP, additional **HIPPS** output every time patient reassessed because of change in condition, and gives **all line-item** detail for all the **HH Episode**
From and **Through Dates** match, first service delivered		**From Date** same as RAP, **Through Date** Discharge or Day 60
Creates **HH Episode** in **HIQH Inquiry System**		Closes **HH Episode** in **HIQH Inquiry System**
Triggers initial percentage **payment**		Triggers final percentage **payment**

FOR ASSISTANCE WITH ACRONYMS, use the acronym chart attached to the quick reference tables.